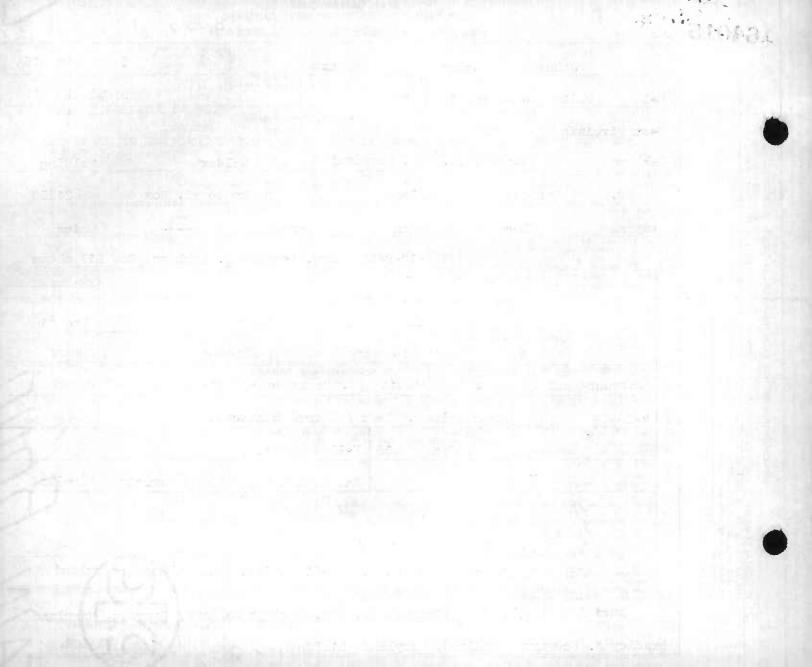
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3.	SEX	4	RACE	5. D	ATE OF BIRTH	6	AGE (IN YEARS	IF UNDE	R 1 YR. IF UNDE	ER 24 HRS.	2c. DATE		MONTH	DAY	YEAR	2d HOU
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ı		EIGN COUNTRY)	aini.		USA			MARRIED	NEVER MAR	RCED	Garr	ett				
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	ISUA 3a ST	RESIDENCE (		COUNTY	ER INSTITUTION, G	131. CITY OF			d. INSIDE CITY LIMITS?	13e. STR	EET ADDRES	SS				
		Md.		Garre	tt		land		YES NO		ute #2		x 40		215	50
Ī	4. FA	THER'S NAME		MID	DLE	LAS	T	13	MOTHER'S MAI	DEN NAME	MH	DOLE			LAST	
		Wayman			ose	Beck			Grace					Wh	ite	
1		AS DECEASED		U.S. ARMED		166 SOCIA	L SECURITY I	NO. 17	INFORMANT	i libay		ADDRES	SS			
L		No				220-	10-942	29 1	Ars. Doro	othy 1	E. Bec	kman	, See	#13	abo	ve
		IB CAUSE OF	DEATH (	Enter only on	e cause per line	e far (o), (b), a	nd (c).)			1139.1			TO SE		PPROXIMAT	ET AND DEATH
r	17	PARTIDEA		CAUSED BY:	USE (o)	Respir	tory	arres	-						Sudd	en
L					USE (o). DUE TO, OR											
ı		Conditions gave rise			(b)	Bronch	no-pne	umoni	a, bi-la	iteral				1-	-2 d	ays
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		lying cous	e lust.		(c)	Chroni	ic obs	truct	ive lung	g dise	ase			Ye	ears	
1				-					CONDITION GIVEN IN							
	O								Ventricu	ılar h	ypert	rophy	7; G-	I her	morr	hage
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	TIF	4-26-8	5	10 10 10	Evacu	ation	of lef	t sul	odural he	emator	ma.			)	YES 🔯	NO 🗆
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	¥	AT WORK	NOT WH	K K		TORY, FARM, ETC.)		Rt.	2, Box		akland	Gar	rett	Ма	ryla	ind STATE
	5	22a I certify death resulted	11		the remains des		7//	Autopsy de .	Homicide		Inquiry termined ma		and in my o	opinion		
		ACTUAL SIGNATURE	De	_ 1	the.	-1	E	M.D.	TITLE (SPECIFY)	MED	ICAL EXAM	INER	DATE	E 5-3	1-85	5
1		EXAMINER IN	iamba	mes H.	Feaste	r, Jr.	, M. D		107 S.	2nd.	St., C	akla	nd, M	laryl	.and	
2	3a.BL	RIAL, CREMAT	ON, REM	OVAL 23b. D	ATE	23c. NA/	ME OF CEME	TERY OR	REMATORY	23d. LC	OCATION		CO	UNIY	9	TATE
	1.5.	bur		6,	/2/85	Gar	rett C	o. Me	m. Garde	ens Oa	akland	, Ga	rrett	, Ma	ryla	nd
1	24. FL	NERAL DIRECT	OR		ADDRESS		Y = Y		25a. DAT	E REC'D. BY	REGISTRAF	R 256 REC	GISTRAR'S	SIGNATI	URE	
	B	cadley .	A. St	tewart			arylan	d 21	5501111	- 0	oc 1	A. K.	in land	Band	284	

STATE OF MARYLAND



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		EASED NAME OR PRINT)	FIRST	τ.	MIDDLE		Omo	LAST			OF E	IOWN A	MONTH 5	i8	85	1150
LEASE TTOR. FILES. OURS	3 SEX	4. RAC	ames	5. DATE OF BIRT	lilla:	6. AGE (IN YE	Cro	IDER 1 YR.	IF UNDER 2	4 HRS. 2c.			MONTH		19 YEAR	2d. HOUR
P. RY, P. DIRECOUR   72 H	Ma	le Whi	te	Apr.1,	1915	70 Y	RS. MONT	DAYS	HOURS	MIN. PRO	DEAD	ED	5	19	1,85	115P
FOR Y PARKAL WITHIN	FOR	THPLACE (STATE OR ENGN COUNTRY)  aryland		U.S.A		VTRY?	8. MARR WIDOV		VER MARRIEI DIVORCEI		Ga	arret	t	Y OF D	EATH	MD.
INT DELAY IS NECESSARY, PLEASE NOT THE FUNERAL DIRECTOR.  FIT IN PAGE 5 FOR YOUR FILES.  CATA BE FILES.  CROSS, 201 W. PRESTON STREET,		rostburg		LIE NOT IN SUCH	FACILITY, GIVE S	IRSING HOM STREET ADDRESS) X 463	E, OR OTH	ER INSTITU	TION	FOR MOST	OCCUPAT OF WORKIN	TION (TYPE	OF WORK		ID OF BU INDUSTR	
1 2 2 2 3 3 5 5 S	13a. ST	RESIDENCE (# IN NU ATE ryland	13b. COUNT Gar	Υ	113c CITY	e BEFORE ADMISS Y OR TOWN Ostbu		13d INSIDE (	NO.	Rt.	ADDRESS	Box L	,63,	21	.532	
100	14. FA	THER'S NAME FIRST ROY		WIDDLE	Crow	LAST C		. 6	er's MAIDEN Test Clara		MIDD		Wol		AST	
L., BALTIMORE URS AFTER D B. GIVE PAGE WITH FORM F IT. PAGES I DIVISION C	(YE	AS DECEASED EVER 5, NO, OR UNKNOWN)	IN U.S. ARA	VAR OR DATES)	2.5	-24-8		Hele	ena W	. Gro		Same	as	13	je	
ESTON ST., B IN 24 HOURS IN ITEM 18. C ALONG WIL HYGIENE, DIN WOYAL		18 CAUSE OF DEAT PART I DEATH W	'AS CAUSED IMMEDIAT	BY: E CAUSE (a)	Coro	nary NSEQUENCE	OF				507			BETW	PROXIMATE VEEN ONSET BARS	T AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON \$7., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUF RITING THE WORD, "PENDING" IN PENCIL IN ITEM 18. RDED TO THE CHIEF MEDICAL EXAMINER ALONG WEST SHOULD BE USED AS A BURAL. TRANSIT PERMIT. DEPRARMENT OF HEALTH AND MENTAL HYGIENE, DEPRARMENT OF REMOVAL.	_	Canditians, if c gave rise to cause (a) stating lying cause last.	immediate the <u>under</u> -	(c)	OR AS A CO	NSEQUENCE	OF				200					
RECORDS D BE EXE ENDING MEDICA AS A BU ENTH AI CREMA	NOIL	PART 2 OTHER SIGNIFICAN								f (a),				Total Control		
SHOULD SHOULD CORD "PE CHIEF NO TO FE USED A UT OF HE SURAL, OF HE SUR	CERTIFICATION					WHICH OPE								Υ	UTOPSY?	NO X
ION OF TIFICATE 3 THE W TO THE HOULD B ARTMEN	₹ S	210. EXTERNAL CAUS UNDERLYING (CONTRIBUTING	OR CAUSE OF D	HOUR A	OF INJURY ,M. MONTH .M.	19	R		OCCURRED	(ENTERNATU	RE OF INJURY	Y IN ITEM 18 PA	RT 1 OR PAI	RT 2)		
DIVISI THIS CER WARDED PAGE 3 SI	MED	WHILE DOT			E OF INJURY ACTORY, FARM, E			CATION		Ci	TY OR TOWN		COL	UNTY		STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 11EM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FOR UNITED THE PAGE 3 SHOULD BE USED AS A BURIAL. FRANIT. THE PLATE WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIERE, D BATTIMORE MARYLAND, AT BURIAL THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIERE, D BATTIMORE MARYLAND, AT BURIAL THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIERE, D BATTIMORE MARYLAND, AT BURIAL THE STATE DEPARTMENT OF MEMOLY.		death resulted		e of the remains of	escribed abo		Autop	, Hamic	PECIFY)	Undeterm	nquiry P		in my ap		10 8	3.5
MEDICAL ECUTETHE CGE 4 SHOO FUNERAL THE DEATH	1	SIGNATURE A	Jam	es H. I	reast	er Jr	•^	DEP		Seco					19-8	
₽₽ <u>₩</u> ₹₽₩₩	(9)	Burial		May21 (		ohnso:		meter	Э	Garr	ett	Cour				ATE
DHMH - 17 (VR A15 ME (5))	24. FU	Durst Fu	neral	Home,	"Fro	stburg	5, M	2	250. DATE RE		SISTRAR	75b. REGIS		ignati		ST.

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## FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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							KEG.	NO.		
	PECEASED NAME	FIRST		WIDDLE		AST	20 DATE OF DEATH	MONTH (	DAY YEAR	26 HOUR
	Fr	ank	Edv	vard	Dis	ERIO	May 17	1985		601 PM
3 9	SEX .	- 4	RACE		S. DATE C	y 1 w 1111111	& AGE LIN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN,
1	Male		Whit	e		. 2, 1911	74	YRS	DATS	MIN.
7a.	BIRTHPLACE (STATE OR FOIL	REIGN 7	CITIZEN OF	WHAT COUN	VTRY? 8	D NEVER MARRIED X	9 BALTIMORE CITY		OF DEATH	
V	Vest Virginia	a	USA	A	WIDOWE		G	arrett		MD.
1	CITY OR TOWN OF DEAT	н 1			URSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA			OF BUSINESS OR
10	Dakland	1				ial Hospital	Mailman	OF WORKING LIFE		Hospita
	UAL RESIDENCE (IF NURSIN	COUNT		GIVE RESIDENCE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	710 0000	40	1444
	W.Va.	Pres			mont	YES NO	Hopemont			26723
17	FATHER'S NAME		IDDLE	IAS		15. MOTHER'S MAIDEN NA	ME			
7	Dominic			DiSe		Marie	WIDDLE		Malo	one.
160	WAS DECEASED EVER IN			166 SOCIAL	SECURITY NO.	17 INFORMANT	ADD	RESS	110.11	<u> </u>
	NO NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	232-0	03-6631	Thomas DiSer	io, Follan	sbee.	W.Va.	
	18 CAUSE OF DEATH	Enter only	one couse per	line for (o), (	bi, god icil i					ONSET AND DEATH
	PART I. DEATH WA	SCAUSED	CAUSE (D)		HCV-	ferre			4-	5hr
1				0 45 4 60011	SEQUENCE OF	. 1			1	- 4 - 12 -
	Conditions, if any,	which	(6)	R AS A CONS	A	SHO			11	16
1	gove rise to imme couse (a), stating	diote	DUE 10 01		SEQUENCE OF		Manager March		1	
	underlying couse	lost.	1002 10, 01	R AS A CONS	SEQUENCE OF					
	PART 2. OTHER SIGNII	ICANT CO	ONDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 11	0
O N										
CERTIFICATION	19a DATE OF OPERATIO	N	196 CONDI	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	WERE FINDI	NGS USED
1	100		100				YES NO X		YING CAUSES	NO [
i iii	210 ACCIDENT WAS UNDER		21b. TIME O		H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 P.	ART 1 OR PART 21	
S A	OR CONTRIBUTING CAL		P.		19					
MEDICAL	21d INJURY OCCURRE	D	21e PLACE		OFFICE FARM ETC.)	211 LOCATION	CITY OR I	IOWN	COUNTY	STATE
>	AT WORK ON AT WORK	0/	TAT NOME STR	CET, PACIONT O	THICE PARM EIC)		1			
	220.1 certify that (I) (t				rom_3	7 1985	_, 10		965	that (I) (ye) lost
	saw the deceased above, (1) (we) (did	olive on_	view ma body	atter death.	19 85 , or	nd that in (my) (gr) opinion o	death occurred on the	date and hour	and from the	couses stoted
	226. SIGNATURE	1 -11	0	No. of the last of	1	DEGREE			22c DATE	SIGNED
			X			ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN []	151	12/15
1	22d. PHYSICIAN'S NAM	E (TYPE OR	PRINT	YAS .		22e ADDRESS			-111	1
	1 (	E	John	1500	_	311 11	forte S	1 0:	>4/2	-Jmg
23a	BURIAL, CREMATION, RE	MOVAL	23b DATE		23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		4.41	
	(SPECIFY) buria	1	5/21	/85	Brooke	Cemetery	Wellsbur	g, Bro	oke, We	est Va.

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

Bradley A. Stewart

24 FUNERAL DIRECTOR

Oakland, Maryland

MAY 'D'O MOOR LA F

GISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Lester R. Hinkle Box 186 Davis, WV.

Burial 24. FUNERAL DIRECTOR

Aurora Cemetery

Aurora, WV. Preston WV.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 162016 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN . DECEASED NAME 2b. HOUR (TYPE OR PRINT) ESTI-E 5 FOR YOUR FILES.

D, WITHIN 72 HOURS

W, PRESTON STREET, DEATH MATED 31 19 85 11PM AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED 21 Female White 64 31 1985 11PM To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY) **IISA** WIDOWED [ DIVORCED Garrett AGE FILED, S Texas 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Garrett Co. Memorial Hospital Oakland RETAIN PA Cashier Food ME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) USUAL RESIDENCE (IF IN NURSING 13d. INSIDE CITY LIMITS? COUNTY 13e. STREET ADDRESS NO [ Tucker W. Va Davis M FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Bergstrom James Johanna Menter 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) 234-13-5858 James F. Bergstrom 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Fractures, multiple, right rib cage with 2 hours DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which extensive contusion of right lung with hemorrhage gave rise to immediate cause (a) stoting the under-DUE TO and s precomothorax. Hemorrhage left lung and pneumothorax lying cause last. (c) Auto accident PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AXX MONTH DAY YEAR UNDERLYING A OR 8:43.M. 5-31-859 CONTRIBUTING CAUSE OF DEATH Two vehicle accident 2 I PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 21L LOCATION AT WORK AT WOR STREET, FACTORY, FARM, ETC.) STREET West Va. Highway Rural Rt. Davis Tucker Inspection X Inquiry X Autopsy 220. I certify that I look charge of the remains described above, hard and and in my opinion death resulted from Natural causes Accident X Hamicide \_\_\_ Undetermined manner TITLE (SPECIFY) SIGNATURE DEPUTY SIGNED 6-1-1985 MEDICAL EXAMINER EXAMINER'S NAME 23g BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY STATE Burial 6-4-1985 Davis Cemetery 250. DATE REC'D. BY RECISION 24 FUNERAL DIRECTOR **DHMH** - 17 (VR A15 ME (5) Box 186, Davie, W. Va. 20M 4/82

8268-31-45

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 157035 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN (X 2b. HOUR (TYPE OR PRINT) ESTI-1985 DEATH MATED 5 5 A. Blanche Jane HALSEY YEAR 1 SEX 4 RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 2d. HOUR YEAR LAST BIRTHDAY) PRONOUNCED 1985 5 DEAD PΡ Oct. 28, 189 87 YRS Female White 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED K DIVORCED [ Garrett Maryland USA N. 2, AND 3 TO THE HAS SETAIN PAGE SO 2 SHOULD BE FILED MALE RECORDS, 201 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Oakland Owner/Operator Snack Bar Star Route, Box 168 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES [ NO W 21550 Oakland Star Route, Box 168 Md Garrett 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME JURS AFTE.

18. GIVE PAGES 1,

5. WITH FORM PM.

MIT. PAGES 1 AND 2

MIT. PAGES 1 AND 2 MIDDLE MIDDLE LAST FIRST Alice Gilpin Wilson Green Cora James ALONG WHITE T PERMIT, PAGES 1. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) John Halsey, See #13 above 216-40-3292 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O COYONATY ATTETY

( DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (bArteriosclerosis, generalized gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the under-CAL EXAN lying couse last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A I CERTIFICATION Emaciation FORWARDED TO THE CHIEF MITORS PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT HE AND, 21201 PRIO TO BE WAN CITY 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK Inspection X Inquiry X 22a I certily that I soak charge of the remains described above, held an Autopsy and in my apinion Natural causes X death resulted for Accident Hamicide L Undetermined manner TITLE (SPECIFY) DATE 15-1985 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME James H. Feaster, Jr., M. D. ADDRESS 107 S. 2nd. ST., Oakland, Md. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 23¢. NAME OF CEMETERY OR CREMATOR burial 5/8/85 BP Thaverville Cemeterv Oakland, Garrett, Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Michael Sur Bradley A. Stewart (VR A15 ME (5)) Oakland, Maryland 21550

20M 4/B2

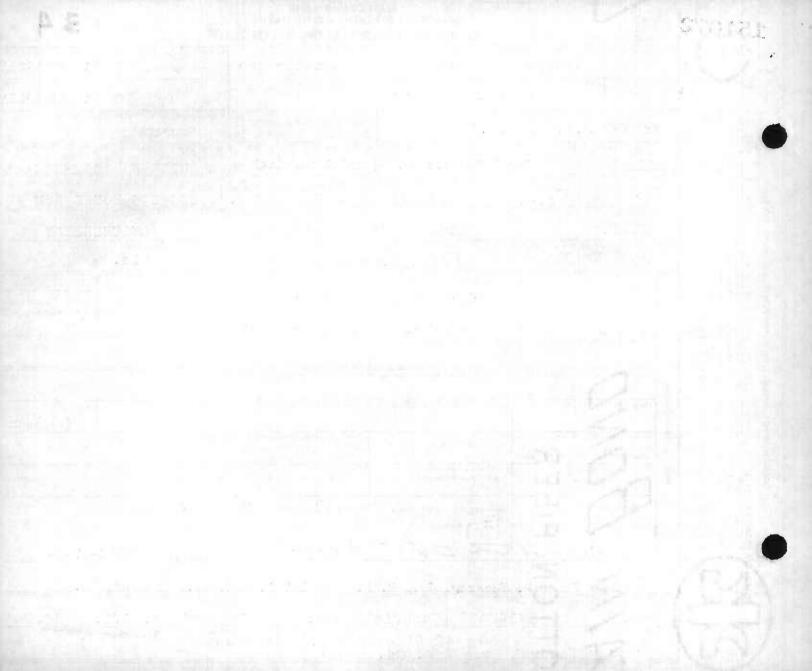
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DEPARTMENT OF HEALTH AND MENTAL HYGJENE. STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 7b HOUR 1. DECEASED NAME 20 DATE KNOWN X (TYPE OR PRINT) OF ESTI-235₺ Robert 27 1985 Murray Leatherbury DEATH MATED 2d HOUR 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 56 VDE 11-11-28 PRONOUNCED 27 , 85 1235A W M DEAD YRS 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Newark N.J U.S.A. Garrett WIDOWED | DIVORCED X TY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (DOA) Garrett Co. Memorial Hospital WEEL DRILLER Oakland COMMERCIAL SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY 13t. CITY OR TOWN NO KX P.O. BOX HOYES MCHENRY 295 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE MIDDLE ROBERT VIRGINIA McCLINTOCK LEATHERBURY 17. INFORMANT 166 SOCIAL SECURITY NO No. WAS DECEASED EVER IN U.S. ARMED FORCES? 13e. MARY PEPIN NO 218-28-3734 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Years IMMEDIATE CAUSE (o) Coronary artery disease DUE TO, OR AS A CONSEQUENCE OF 11 Conditions, if ony, which (b) Arteriosclerosis, generalized gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o) stoting the underlying couse lost. TO MEDICAL EXAMINES: 1815 USE INITICALS SHOULD BE EXCUDED BY EXCLUDING THE CERTIFICATE. WRITING THE WORD: "PERDING". IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMERED BE USED AS A BURAL. PER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND ME BAJLIJMORE, MARYLAND, 21201 PRIOR TO BURGIL. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO IX 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21 LOCATION 714. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE AT WORK AT WORK Inspection X look charge of the remains described above held at Autopsy ond in my opinion 22a I certify that Natural couses X. M Homicide Undetermined monner Accident death resulted TITLE (SPECIFY) DATE 5-27-85 M DEPUTY MEDICAL EXAMINER EXAMINER'S NAME 2nd. St. Oakland, Md. (TYPE OR PRINT) James H. Feaster Tr. M. D. ADDRESS 107 S. 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g BURIAL CREMATION REMOVAL 23b. DATE (SPECIFY) Galesville, A.A. 5/30/85 Woodfield Cem. Burial BP 256 REGISHANDSICH 24 FUNERAL DIRECTOR 12 Ridgely Ave. **DHMH - 17** (VR A15 ME (5)) Hardesty Funeral Home Ann. Md. 21401

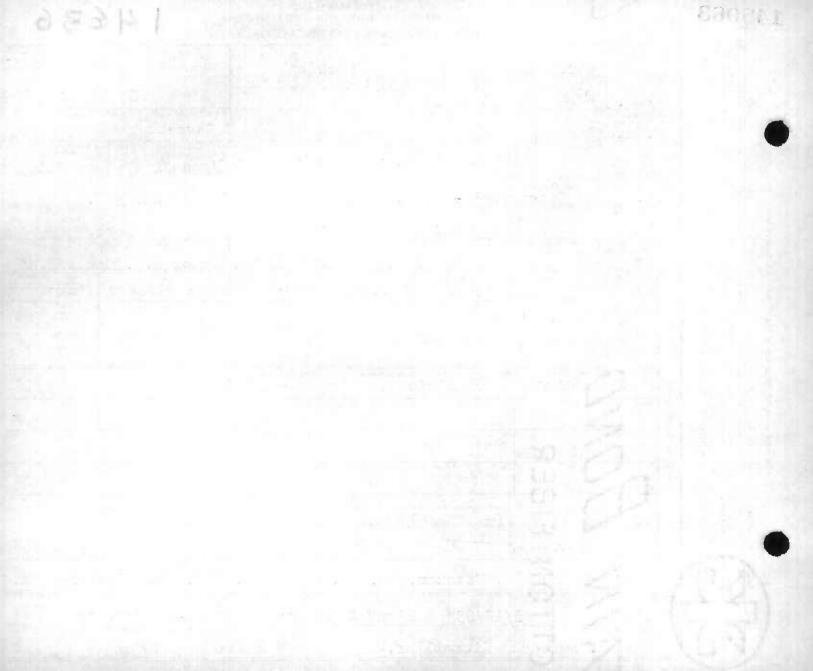
20M 4/82

STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN A MONTH (TYPE OR PRINT) ESTI-16 Ervin LOWDERMILK DEATH MATED Ross 4. RACE IF UNDER 24 HRS PRONOUNCED Male Mar. 20.1908 DEAD White TO BIRTHPLACE ISTATE OR 7h CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Garrett Maryland USA ID CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Friendsville 1. Box 87 (Rural) Farming Farmer 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY Friendsville Maryland Garrett 21531 NO DO Rt. Box 87 15. MOTHER'S MAIDEN NAME MIDDLE Jefferson Lowdermilk Hannah 21531 168-10-3803 No Olive Lowdermilk, Friendsville, MD XXXX 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Aortic stenosis IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis, generalized Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a) 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO A YES [] 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY THE HOW INHERY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, ILLOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY WHILE NOT WHILE Inspection X The beautify that Mook charge of the remains described obove, held a Natural causes Accident Undetermined manner MEDICAL EXAMINER S. 2nd. St., Oakland, Md. EXAMINERS NAME James H. Feaster, Jr., M. D. 107 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b. DATE Burial 5-19-85 Humberson Cemetery Friendsville, Garrett, MD **DHMH - 17** Grantsville, MD (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND 148063 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) 555P 1.85 Virginia DEATH MATED Nesbitt AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Black. 610P 16 1896 Fem. 88YRS DEAD 76 CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Garrett N. Carolina DIVORCED [ O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST DE WORKING LIFE) OR INDUSTRY Dennett Road Manor Nursing Home 0akland Housewife Domestic SUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION). 1136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 113e STREET ADDRESS D.C. Distric/Colu- Washington YES X 1456\_Oak St. N.W NO 🗌 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Walter Bailev Ella Bost 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. LYES, NO. OR UNKNOWNI NO 578 30 7860 DNNNETT Rd. Manor N.H. Oakland.Md 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclerotic cardio-vascular disease rears DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 1- Degenerative arthritis Diabetes mellitus 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO P YES 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (ATHOME. 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC ) STREET CITY OF TOWN COUNTY STATE 220. I certify that took charge of the remains described above, held an Inspection death resulted 16 Natural causes ACTUAL SIGNATURE EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D DATE SIGNES - 14-1985 MEDICAL EXAMINER EXAMINE S NAME James H. Feaster, Jr., Models. 107 S. 2nd. St., Oakland, Md. 73c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Oakland 5/16/85 Oakland Cemetery Burial Md Garrett 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE David A. Burdock Kitzmiller, Md



DHMH - 16 60M 7/84 **VRA 15, 41** 

24 FUNERAL DIRECTOR

Lester R. Hinkle Box 186 Davis, WV. 130537 ; 2 8 1 4 6 3 7 February ; 75 8 5 1 4 6 3 7

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE-- STATE 157039 MEDICAL EXAMINER'S CERTIFICA REGISTRAR . DECEASED NAME 20. DATE KNOWN [ 26 HOUR (TYPE OR PRINT) EST1-PM 16 1.85 6 DEATH MATED Delia Mae RECKART 6. AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR 4 RACE DATE OF BIRTH IF UNDER 24 HRS SEX DATE LAST BIRTHDAY) PRONOUNCED 915P 16 ,85 DEAD Female White July 4, 1910 74 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Garrett DIVORCED Maryland USA WIDOWED L I NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b KIND OF BUSINESS ID CITY OR TOWN OF DEATH OR INDUSTRY Nurse's Aide Hospital Rural Rt. 1 Box 324 Oakland Rt. 1, Box 324 Ba STATE Oakland 13d. INSIDE CITY LIMITS? COUNTY Maryland Garrett 21550 NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE LAST FIRST John Uphold Effie Teets 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IE YES GIVE WAR OR DATES) 217-42-6216 James E. Reckart, Rt. 2, Oakland, Md. No 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery disease Years DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which 11 (b) Arteriosclerosis, generalized gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE NOT WHILE Inspection X Inquiry X I took charge of the remains described above, held an Autopsy death resulted fram Natural courses Hamicide Undetermined manner TITLE (SPECIFY) DATE 5-16-85 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME James H. Feaster, Jr., M. D. 107 S. 2nd. St., Oakland, Md. 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY burial 5/19/85 Friendsville, Garrett, Md. Blooming Rose Cemetery BP 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** Bradley A. Stewart Oakland, Maryland 21550 (VR A15 ME (5)) 20M 4/82

History Constitution of the Constitution

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

## FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

REG. NO.

	CEASED NAME	FIRST	,	AIDDLE	L	AST		20. DATE	OF DEATH	MONTH	DAY YEAR	2b HOUR
(TYP	E OR PRINT)	ora	Blan	nche	SAVA	Œ		May	31,	1985	5	7:19 a M
3. SE	X	4.	RACE		5. DATE C			6. AGE (#	YEARS LAST BIR	THDAY	IF UNDER TYEAR	IF UNDER 24 HRS
, ]	Female	AFE	White		Apri	1 28,	1896	89		YRS.	MONTHS DAYS	HOURS MIN.
70. B	IRTHPLACE (STATE O	OR FOREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8.			9 BALTIM	ORE CITY	R COUNT	Y OF DEATH	B FILE
M	arvland		USA		WIDOWE		MARRIED		rrett			MD
10. C	ITY OR TOWN OF D	EATH 11		HOSPITAL, NURSIN	G HOME C			12a USUA	LOCCUPAT			F BUSINESS OR
O	akland		arrett	Co. Mem	orial	Hospi	tal		naker	IF WORKING	Own 1	Home
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M	arvland	Garret		McHenry		YES 🗌	NO 😿		eral d	elive	rv 2154	41
14 F	ATHER'S NAME					15. MOTHER	S MAIDEN N					
	Harry	MIE	DDLE	Kelly		Harr	riet	22	MIDDLE		Uphold	
	WAS DECEASED EVI	ER IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17. INFORM	ANT		ADDRI	SS RD	1 Box	2
1	NO	(IN TES, GIVE W	AR OR DATES	212-54-	3344	Earl (	C. Sava	ige	McHe		Maryland	d 21541
	18 CAUSE OF DEA	ATH (Enter anly	ane cause per	line far (a), (b), and	dic						APPROXI	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH	WAS CAUSED I		SEPSIS	-						Hr	-5.
		IMMEDIATE						1000	2			1
	Conditions, if or	ny which	DUE TO, O	LENITOL	Wend	my Tra	et In	rfeit	love		ma	nh
	gave rise to i	mmediate	(6)	1		/		1				
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CERTIFICATION	19n DATE OF OPER			ITION FOR WHICH	_				TOPSY?	20b. IF Y	ES, WERE FINDIN	NGS USED
FF			120					YES 🗆	NOPT		TIFYING CAUSES	OF DEATH?
ERT	21a. ACCIDENT WAS I	INDERLYING	21b. TIME O	F IN ILIRY		Tale HOW II	A ILIRY OCCUI				PART   OR PART ?)	NO []
	OR CONTRIBUTING		LIOUD A	M. MONTH DA	YEAR		John Jeco.	WED (EIGHER	1421082 01 11410	AT TO THE TO	, , A(, , OK , A(, ) )	
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WED	21d. INJURY OCCU		(AT HOME STE	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC )	211 LOCAT			CITY OR TO	WN	COUNTY	STATE
		WHILE WORK			,							
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	saw the dece obove () (we	ased alve og	riew the bady	9	, ai	nd that in/m	) (aur) apiniar	n death accur	red an the d	ate and ho	our and fram the	causes stated

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

Burial 24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Thomas Mance, D.O.

226. SIGNATURE

23c NAME OF CEMETERY OR CREMATORY Blooming Rose Cemetery

DEGREE

22e ADDRESS

Third St.

Oakland, Maryland 23d LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

21550

221. DATE SIGNED

6-1-85

Durst Funeral Home Oakland, Maryland 21550

236 DATE

6/2/85

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERS FOR 157099 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH 1. DECEASED NAME MONTH 2b HOUR (TYPE OR PRINT) Allen 1985 Clarence Tasker May 12 offer dean 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 1911 HOURS Male White # BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. Garrett County WIDOWED M'CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Garrett Memorial Hospital Westvaco Paper Oakland USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE OUNTY Westernport 13d. INSIDE CITY LIMITS? 133 Main St Maryland Llegany 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST Takker Caroline John Davis BALTIMORE, In WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Mrs. Effie Tasker Westernport. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY nours IMMEDIATE CAUSE (a) W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 9a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 00 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? bed YES T NO D NO Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol MEDICAL ( IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 2 21d. INJURY OCCURRED 21e. PLACE OF INJURY 0 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY NOT WHILE STATE WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from 12 saw the deceased alive an and that in (my) (our) opinion death accurred an the late and hour and fram the causes stoted abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED No. ATTENDING MEDICAL STAFF 5-23-81 FUNERAL old be deto CRTANT PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TUP) OR PRINT 22e ADDRESS KAISER MO 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial Tichnell Cemetery Swanton Garrett Maryland 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIG DHMH-16 60M 1/73 (VR A 15 (4)) Boall Funeral Service Westernport, Md. 21562

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Oakland, Maryland

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(VRA 15, 4)

Durst Funeral Home

STATE OF MARYLAND

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